

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TENNESSEE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
A. <u>General Conditions of Eligibility</u>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

State Tennessee

Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905 (p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For Financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s)
42 CFR 435.406	3. Is residing in the United States and- a. Is a citizen: b. Is a qualified alien, as identified in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996. <u>X</u> Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996. c. Is an alien who is not a qualified alien as defined in section 431 (b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services.)

GW/D1018084

TN No. 98-2
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No. 92-7

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STATE Tennessee

Citation

Condition or Requirement

1902(a) and 1903(v) of the
Act, P.L. 99-509
(Section 9406)
Section 245A(h)(3)(B)
of the Immigration and
Nationality Act,
P.L. 99-603 (Section 201)

c. Is an alien who is not lawfully
admitted for permanent residence or
otherwise permanently residing in the
in the United States under color of
law, or an alien who has been granted
(and maintains) temporary lawful
residence status under section 245A
of the Immigration and Nationality
Act, but is not one of the excepted
groups in section 245A(h)(3) of P.L.
99-603.

435.403 and 1902(b)
of the Act,
P.L. 99-272
(Section 9529) and
and P.L. 99-509
(Section 9405)

4. Is a resident of the State,
regardless of whether or not the
the individual maintains the
residence permanently or maintains
it at a fixed address.

X State has interstate residency
agreement with the following
States:

Alabama
Arkansas
•California
Florida
Georgia
Idaho
Iowa
Kansas
Kentucky
Louisiana

Maine
Maryland
Minnesota
Mississippi
New Jersey
New Mexico
North Dakota
Ohio
Pennsylvania

South Dakota
Texas
West Virginia
Wisconsin

TN No. 90-23
Supersedes
TN No. 89-8

Approval Date 11/20/90 Effective Date 7/1/90

State Tennessee

Citation	Condition or Requirement
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42 CFR 435.403
1902(b) of the
Act.

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

☒ State has interstate residency agreement with the following States:

Alabama
Arkansas
California
Florida
Georgia
Idaho
Iowa

Kansas
Kentucky
Louisiana
Maine
Maryland

Minnesota
Mississippi
New Jersey
New Mexico

North Dakota
Ohio
Pennsylvania
South Dakota

Texas
West Virginia
Wisconsin

☐ State has open agreement(s).

☐ Not applicable; no residency requirement.

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Revision: HCFA-PM-91-4 (BPD)
August 1991

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Citation

Condition or Requirement

- d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
- e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).

42 CFR 435.403
1902(b) of the
Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

/X/ State has interstate residency agreement with the following States:

Alabama	Kansas	Minnesota	North Dakota	Texas
Arkansas	Kentucky	Mississippi	Ohio	West Virginia
California	Louisiana	New Jersey	Pennsylvania	Wisconsin
Florida	Maine	New Mexico	South Dakota	
Georgia	Maryland			
Idaho				
Iowa				

/ State has open agreement(s).

/ Not applicable; no residency requirement.

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State/Territory: Tennessee

Citation	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input checked="" type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. 92-7

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TN No. 87-16

HCFA ID: 7985E

State/Territory: Tennessee

Citation	Condition or Requirement
	<p>An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.</p> <p>An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.</p> <p><u>X/</u> Assignment of rights is automatic because of State law.</p>
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

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State: Tennessee

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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State: Tennessee

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Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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Citation	Condition or Requirement
435.725 435.733 435.832	<p>B. <u>Post Eligibility Treatment of Institutionalized Individuals</u></p> <p>The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:</p> <p>1. Personal Needs Allowance.</p> <p>a. Aged, blind, disabled -- Individuals <u>\$30.00</u> Couples <u>\$60.00</u> Veteran's Administration Payment up to <u>\$90.00</u> for veterans whose VA pensions are reduced or limited under Section 8003 of P.L. 101-508 (OBRA 90). The personal needs allowance for these individuals is the greater of the reduced VA pension up to \$90 or the amount that would otherwise apply.</p> <p>For the following individuals with greater need --</p> <p>b. AFDC related -- Children <u>\$30.00</u> Adults <u>\$60.00</u> Veterans Administration Payment up to <u>\$90.00</u> for veterans whose VA pensions are reduced or limited under Section 8003 of P.L. 101-508 (OBRA 90). The personal needs allowance for these individuals is the greater of the reduced VA pension up to \$90 or the amount that would otherwise apply.</p> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A</u>. <u>\$30.00</u> Veteran's Administration Payment up to <u>\$90.00</u> for veterans whose VA pensions are reduced or limited under Section 8003 of P.L. 101-508 (OBRA 90). The personal needs allowance for these individuals is the greater of the reduced VA pension up to \$90 or the amount that would otherwise apply.</p> <p>d. Individuals in home and community based waivers -- \$ SSI - FBR for an individual.</p> <p>(i) HCBS for elderly and disabled (ADAPT) 100% of SSI-FBR for an individual.</p> <p>(ii) HCBS for elderly and disabled (Shelby County) 100% of SSI-FBR for an individual.</p> <p>(iii) HCBS Waiver for the mentally retarded 200% of SSI-FBR for an individual.</p>

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